



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Karen Chalk

Email Address: karen.chalk@mgh.net

Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$109102409	Contractual Allowance	\$334322271
Outpatient Patient Service Revenue	\$439506316	Other Deductions	\$18990188
Total Gross Patient Service Revenue	\$548608725	Total Deductions	\$353312459

3. Total Operating Revenue	
Net Patient Service Revenue	\$195296265
Other Operating Revenue	\$9245938
Total Operating Revenue	\$204542203

4. Operating Expenses	
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Salaries and Wages	\$76362770	Employee Benefits	\$15873844
Depreciation and Amortization	\$10863114	Interest Expense	\$1815156
Bad Debt	\$233992	Other Expenses	\$87164579
Total Operating Expenses	\$192313455		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12228748	Total Assets	\$572876979
Net Non-operating Gains over Loss	\$65485833	Total Liabilities	\$195871059
Total Net Gains	\$77714581		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$228461083	\$168133985	\$60327098
Medicaid	\$114970886	\$85063813	\$29907073
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$205176755	\$100114661	\$105062094
Total	\$548608724	\$353312459	\$195296265

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$419253	\$-419253

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$3298	\$-3298

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1846914	\$-1846914
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$320962	\$-320962

Number of Medical Professionals Trained	991
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	66014

Statement Six: Charity Statement

Hospital Charity Charges	\$12111726
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4602902	
HCI Payments	\$0		
Subtotal	\$0	\$4602902	\$-4602902
Medicaid Shortfalls	\$30335610	\$56057277	
Subtotal	\$30335610	\$60660179	\$-30324569
DSH Payments	\$0		

	Subtotal	\$30335610	\$60660179	\$-30324569
Medicare Shortfalls		\$52988134	\$86815212	
Other Government Programs		\$0	\$0	
	Total	\$83323744	\$147475391	\$-64151647

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$42384	\$-42384
Community Assessment	\$0	\$2600	\$-2600
Provision of Taxes	\$0	\$330030	\$-330030
Other Allocations	\$0	\$1531069	\$-1531069

Comments

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